

# FENWICK & WEST LLP

SAN FRANCISCO OFFICE | EMBARCADERO CENTER WEST 275 BATTERY ST., SUITE 1500 | SAN FRANCISCO, CA 94111 TEL 415.875.2300 | FAX 415.281.1350 | WWW.FENWICK.COM

RECEIVED **CENTRAL FAX CENTER** 

MAR 2 3 2004

# FACSIMILE TRANSMISSION

OFFICIAL

## CONFIDENTIAL

**DATE:** March 19, 2004

CLIENT-MATTER No.: 23976-08768/US

10.						
Name	FAX NO.	PHONE NO.				
U.S. Patent and Trademark Office	(703) 872-9306					

FROM:

Robert A. Hulse

PHONE:

(415) 875-2444

SENT BY:

Cheryl Leger

PHONE:

(415) 875-2495

RE:

In re: U.S. Patent Appl. No. 10/600,226

NUMBER OF PAGES WITH COVER PAGE: 3	Original Will Not Follow
**	

#### MESSAGE:

Please see attached Transmittal and Correspondence Address Indication Form.

### CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

> IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR, PLEASE CALL CHERYL LEGER AT (415) 875-2495 AS SOON AS POSSIBLE.

+

0001/PTO	U.S. Department of		Analization blumber	140/000 000	<u> </u>	RECEIVED
Rev. 10/95	Patent and Trade	mark Office	Application Number	10/600,226	CENT	RAL FAX CENTER
			Filing Date	June 19, 2	003 M	AR 2 3 2004
TRANS	MITTAL FOR	M	First Named Inventor	Sung Gu l	(ang	TIOIAL
	rrespondence during pe led application)	endency of	Group Art Unit Number	Not Yet Kı	nown	FFICIAL
_			Examiner Name	Not Yet Kı	nown	
Total Number of Pag	es in This Submission	3	Attorney Docket Number	23976-087	68	
	ENCL	OSURES	(check all that app	ly)		]
Fee Transmittal	Form (in duplicate)		Issue Fee Tran			
Chec	ck Enclosed		Letter to Chief	Draftsperson		
Return Receipt	Postcard		Formal Drawin	•		
<del> </del>	tice to File Missing Par		I — ' ' '	(s) of Figure(s) [	•	
<b>=</b>	Recordation Cover Shee	et .	Interferences	nication to Boar	d of Appeals and	
Declaration Power of Attorn	PV .		1 —	inication to Grou	ם	
Application Data	•			, Brief, Reply Br		
ı <b>=</b> · ·	closure Statement & PT	TO/SB/08A	Certified Copy	of Priority Docum	nent(s)	
	s of IDS Cited Referen	ces		Communication	to Group	
	rected Filing Receipt			ce Address Indic	ation Form	
Request for Cor	rection of Recorded As	signment	Fax Cover Sh	et <u></u>		
Amendment/Re	sponse: [ ] Page(s)	•				
After	Final		<u> </u>			
Status Request						
Revocation and	Substitute Power of At	ttomey				
REMARKS:	•	·				
	SIGNA	TURE OF	ATTORNEY OR AG	ENT		-
Signature:	Last	A. Th	/h			
Attorney/Reg, No.:	Robert A. Hulse, Reg	g. No. 48,47	3	Dated:	March 19, 2004	]
<del></del>	CEPTIEIC	ATE OF F	ACSIMILE TRANSM	ISSION		<b>-</b> .
I hereby certify that this	correspondence, including	the enclosures	s identified above, is being trans	mitted on the date	shown below via facsimile	]
to: Commissioner for Pi Signature:	atents at the facsimile number	per indicated b	oeloy.	-		] .
Typed or Printed Na	ne: Robert A. Huls	ie		Dated:	March 19, 2004	]
Facsimile Number:	<u> </u>	1-703-872-9	9306			1

★Total of one form is submitted.

**CORRESPONDENCE ADDRESS** 

INDICATION FORM

# Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

· •		00758  Type Customer Number here	9	→
	· · · · · · · · · · · · · · · · · · ·	mer Number (PTO/S		ielewitii.
Patent Nu (if approp	umber	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/6	00,226		June 19, 2003
Typed Name	Dahari A. I	dulaa		(check one)
Signature	Robert A. I		Applicant or Patentee  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Attorney or Agent of record  48,473 (Reg. No.)	
Date Address of signer.	Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 9 Tel.: (415) 875-2444 Fax: (650) 938-5200			